

VOLUNTEER FIREFIGHTER POLICY
(MODEL)

Company Name: (Provide name, address, etc. of employer)

Street Address:

Mailing Address:

Phone Number:

Contact Person:

1. ABSENCE FOR EMERGENCY RESPONSE

Employees of (*insert name of business*) who are volunteer firefighters shall not be subject to any disciplinary action for not reporting to work at the beginning of the employee's regular working hours provided:

- A. The employee failed to report because he/she was responding to an emergency in the employee's capacity as a volunteer firefighter; and
- B. The employee reported for work as soon as was reasonably possible after being released from the emergency.

2. CHARGING OF TIME LOST

- A. Time lost by an employee who has responded to an emergency in his/her capacity as a volunteer firefighter may be charged against the employee's available leave time in accordance with the (*insert name of business*) leave time policy.
- B. If the employee does not have available time, the time may be charged against the employee's regular pay.

3. NOTIFICATION; VERIFICATION

- A. When time permits, the employee, the employee's designee or the fire department supervisor shall notify the employee's immediate supervisor or another supervisor of (*insert name of business*) that the employee has been called to an emergency and will not report to work on time.
- B. The supervisor or employer may request that the employee provide a signed statement from the chief of the volunteer fire department which shall state that the employee failed to report for work at his/her regular time because he/she was reporting to an emergency call. The statement shall also provide the time of the release from the call.

VOLUNTEER FIREFIGHTER POLICY
(Model)

The employee and employer understand that upon the employer's receipt of An employee's volunteer firefighter status, the employer may designate the employee essential to the employer's operations when the employee's absence would disrupt the employer's business. The signing of this agreement indicates the employer's approval of the employee's firefighter status.

Employer Representative Signature

Employee Signature

Date: _____

Signed copy to be provided to the employee